AMENDMENT TRANSMITTAL LETTER					Docket No. 09857/0203535-US0	
Application No.		Filing Date				Art Unit
10/560,179-Conf. #7982 December 9, 2005 Deirdre R. Cla						1617
Applicant(s): Shig	jeru Akasofu e	t al.				
nvention: NEURO	OCYTE PROTE	ECTIVE AGEN	т			
		THE COMMI				
Transmitted here The fee has been						
		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously	Number Extra Claims Present	Rate		
Total Claims	Amenament 2	- 27 =	Present	X		
Independent Claims	1	- 3 =		x		
Multiple Dependent Claims (check if applicable)						
Other fee (please specify): Extension for response within first month					120.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						120.00
x Large Entity				Small Entity		
No additiona	ıl fee is require	d for this amer	ndment.			
	ge Deposit Acc			n the amount of \$ _		·
A check in the	ne amount of \$		to cover	the filing fee is encl	osed.	
x Payment by	credit card.					
X The Director		orized to char	ge and credit	Deposit Account N	o. <u>04</u> -	0100
x Credit ar	ny overpaymer	ıt.				
x Charge a	any additional fil	ng or application	n processing	fees required under 3	37 CFR 1.1	6 and 1.17.
Thomas H. Burn		J		Dated:	October 3	0, 2007
Attorney/Agent	Reg. No.: 60,4	163				
DARBY & DAR P.O. Box 770 Church Street S New York, New (212) 527-7623	Station York 10008-0	770				